



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

**INSTRUCTIONS:** Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Maine CDC Division of Infectious Disease/HIV, STD, TB Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		Multiple, See Table Below.		
Amount: (Contract/Amendment/Grant)		\$ Multiple See Below	Advantage CT / RQS #:	Multiple See Below
CONTRACT	Proposed Start Date:	1/1/2022	Proposed End Date:	12/31/2023
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple See below		
Brief Description of Goods/Services/Grant:		Tuberculosis (TB) Consultant		
PART II: JUSTIFICATION FOR VENDOR SELECTION				
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)				
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant	
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed	
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed	
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" type="checkbox"/>	J. Willing and Qualified	
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice	
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization	

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	

**PART III: SUPPLEMENTAL INFORMATION**

Tuberculosis (TB), a highly infectious disease, has become increasingly difficult to clinically manage over the last decade due to a number of complex issues that include; Multi Drug Resistant (MDR)-TB, co-morbidities that include hepatitis and HIV/AIDS, and dwindling healthcare workforce with the expertise to properly treat.

The elimination of TB, a State and federally mandated reportable communicable disease, is the primary mission of the Maine's TB control Program. In order to fulfill this mission, it is critical to be able to properly identify and treat persons who have TB disease. In order to ensure TB patients are identified early, that effective evidence-based care is provided, and that the spread of disease is controlled, it is imperative that the State of Maine purchase clinical and consulting services from physicians with the unique knowledge, skills, and expertise to mitigate this public health threat.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The State of Maine does not currently employ physicians that meet the following necessary criteria to ensure proper identification, treatment and mitigation of Tuberculosis:

- Board Certified: Infectious Disease or Board-Certified: Pulmonology AND,
- Specialty in Tuberculosis identification and treatment AND,
- Ability to cover Maine's wide geographic region

There are no Board-Certified doctors in Infectious Disease and Pulmonology within other local and state agencies that could perform Tuberculosis consultations throughout Maine. The Department deems these providers are qualified and the providers are willing to do the service.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

All TB Consultants agree to payment at a flat rate reimbursement fee for clinics and consultation. Regardless of the length of time it takes to consult on one individual patient or how many patients are seen in a clinic the TB Consultant cannot bill beyond the flat rate fee schedule. Because of our flat fee payment schedule, the TB Consultants provide services at cost and in many cases below cost. In addition, TB Consultants who contract with the State of Maine, agree that all diagnostics and procedures are to be reimbursed at Maine's Care fee schedule thereby reducing costs of services by 50-70%.

4. Describe the plan for future competition for the goods or services.

These services are provided to the State at a rate less than the market value. These contracts are less than \$10k per year. The Providers receiving funds for this service are willing and qualified and if other providers come forward to do this service, the Department will contract with them as well.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

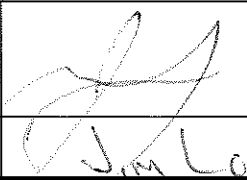

Does this request utilize ARPA/MJRP funds?

☐ Yes – If Yes, please attach the approved Business Case(s).

☒ No – If No, proceed to Part V

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Jim Laporte</i>	Date:	26 Jan 22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	3/1/2022

DHHS Office: Maine CDC  
 Service: TB  
 Services Dates: 1/1/2022 – 12/31/2023

Vendor/Provider Name, City & State	Contract (CT) Number	DHHS Agreement #	Total Contract Amount	Per Year Amount
Central Maine Medical Center, Lewiston, Maine	CT 10A 20220118**1692	CD3-22-5159	\$12,600.00	\$6,300.00
Maine Medical Partners, Portland, Maine	CT 10A 20220118**1691	CD0-22-5160	\$12,600.00	\$6,300.00
MaineGeneral Medical Center, Augusta, Maine	CT 10A 20220118**1690	CD5-22-5161	\$12,600.00	\$6,300.00
Maine Health dba Maine Medical Center, Portland, Maine	CT 10A 20220110**1656	CDM-22-5165	\$34,800.00	\$17,400.00
		<b>TOTALS</b>	<b>\$72,600.00</b>	<b>\$36,300.00</b>